



TENNESSEE DEPARTMENT OF HEALTH  
DIVISION OF FAMILY HEALTH AND WELLNESS  
AMENDMENT TO WIC VENDOR AGREEMENT  
FOR 2016 - 2018

TENNESSEE DEPARTMENT OF HEALTH

and

\_\_\_\_\_  
(vendor name)

for

AUTHORIZATION TO PARTICIPATE IN THE TENNESSEE WIC PROGRAM

WHEREAS, the Tennessee Department of Health and \_\_\_\_\_  
(Vendor Name)  
desired to enter into an agreement beginning on \_\_\_\_\_  
(Month, Date, Year)  
relating to participation in the Tennessee WIC Program.

NOW, THEREFORE, the parties hereby agree to amend this agreement as follows:

Amend the ending date of this agreement on page 4 of 4 by removing "SEPTEMBER 30, 2018"  
and replacing it with "SEPTEMBER 30, 2019".

NOW, THEREFORE, I have read and do understand and agree to the above change. The undersigned represents that he/she is either the sole proprietor of the firm or is legally authorized to enter in this amendment on behalf of the ownership of the firm.

\_\_\_\_\_  
Signature of WIC Vendor or Designee Title Date

\_\_\_\_\_  
Signature of Regional Office Designee Title Date

THIS AMENDMENT STARTS OCTOBER 1, 2018 AND ENDS SEPTEMBER 30, 2019.

\_\_\_\_\_  
Owner Manager WIC Contact Person

\_\_\_\_\_  
Street Address City State Zip Code

\_\_\_\_\_  
Phone Number

VENDOR STAMP: